FILED	ENTERED
LOGGED	

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

OCT 19 2017

AT GREENBELT
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
NIGHT DEPOSIT BOX

Arif Al-Mashhadani

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Jay Challa, Alan Kaufax, Mary Khattak, Mar Koppula

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Employment Discrimination

Case No. PJM 17 CV 3077

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No

(check one)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Arif Al-Mashhadani
Street Address

City and County

Falls Church, Fairfax

State and Zip Code
Telephone Number

E-mail Address

Almashhadani Qyahoo com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Jay Challa

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

Defendant No. 2
Name Narkoppula
Job or Title President of Acelnto Solutions
(if known)
Street Address 11490 Commerce Park Dr. #340
City and County Reston, Fairfax
State and Zip Code VA Zolal
Telephone Number (703) 929-0604
E-mail Address
(if known)
Defendant No. 3
Name Alan Kaufax
Job or Title Project Manager
(if known)
Street Address 11490 Commerce Park Dr. #31
City and County Reston, Fair Fax
State and Zip Code VA 20191
Telephone Number (703) 929-0604
E-mail Address
(if known)
(If there are more than three defendants, attach an additional page Page
providing the same information for each additional defendant.)
The same of the sa

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name	National Weather Services
Street Address	1325 East West HWY
City and County	SilverSpring
State and Zip Code	OIPOS OM
Telephone Number	(301) 427-9117

Defendant Novy

Mame: Mary Khattak

JoborTitle: Human Resource Director

Street Address: 11490 Commerce Park Dr.#340

Reston, VA 20191

Telephone No: (703) 929-0604

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):

X	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
	(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
	(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)
×	Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
	(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Other federal law (specify the federal law):
	Relevant state law (specify, if known):
	Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Α.	The discriminatory conduct of which I complain in this action includes (check all that apply):		
	☐ Failure to hire me.		
	Termination of my employment.		
	☐ Failure to promote me.		
	Failure to accommodate my disability.		
	Unequal terms and conditions of my employment.		
	Retaliation.		
	Other acts (specify):		
	(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)		
B.	It is my best recollection that the alleged discriminatory acts occurred on date(s)		
	From Aug. 24, 2015 throng March. 4, 2016		
C.	I believe that defendant(s) (check one):		
	is/are still committing these acts against me.		
	☐ is/are not still committing these acts against me.		
D.	Defendant(s) discriminated against me based on my (check all that apply and explain):		
	X race Arab		
	race Arab		
	□ gender/sex		
	religion _ Islam		
	national origin \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	age. My year of birth is (Give your year of birth only if you are asserting a claim of age discrimination.)		
	disability or perceived disability (specify disability) Unable to drive Safely while taking medec		

7	Lam	s discriminated against be ca a Muslim, an Arab, from Iraa		
-				
_				
co C	omplaint a	dditional support for the facts of your claim, you may attach to this copy of your charge filed with the Equal Employment Opportunity, or the charge filed with the relevant state or city human rights See attached Please		
ıusti	on of Fede	eral Administrative Remedies		
It	is my best	recollection that I filed a charge with the Equal Employment		
	Opportunity Commission or my Equal Employment Opportunity counselor			
re		e defendant's alleged discriminatory conduct on (date)		
	-14			
	05	104/2016		
-	05	2016		
TI		mployment Opportunity Commission (check one):		
TI		mployment Opportunity Commission (check one):		
TI	he Equal E			
TI	he Equal E	mployment Opportunity Commission (check one): has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date)		
TI	he Equal E	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) \[\frac{30}{20} \] \[\frac{7}{4} \] (Note: Attach a copy of the Notice of Right to Sue letter from the		
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Oı	he Equal E	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) 30,2017 (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.) See alleging age discrimination must answer this question.		
O _I	ne Equal E	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) 7 0 7 7 (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.) See attached Please		
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Oi Si Oj	nly litigant	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.) see a tracked Pleases alleging age discrimination must answer this question. my charge of age discrimination with the Equal Employment Commission regarding the defendant's alleged discriminatory		

IV.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

D Remove Termination due to unsatisfactory
work Performance" and replace it with
"LayOff"

O Compensation of \$300,000,000 as I could not work since termination date as No Company hired me since March, ou, 2016 as a result of that termination.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/19	, 20_1_7_
Signature of Plaintiff Printed Name of Plaintiff	Arif Al-Mashhadani
	plaintiff is named in the complaint, attach an additional gnature page for each additional plaintiff.)
For Attorneys	
Date of signing:	, 20
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	
Address	
Telephone Number	